STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155693	A. BUILDING _____ B. WING _____	R-C 03/21/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER OAKS HEALTH CAMPUS	2011 CHAPA DR COLUMBUS, IN 47203

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit to the Investigation of Complaint IN00103582 completed on 2/09/12. Complaint IN00103582 - corrected. Survey date: March 21, 2012 Facility number: 002955 Provider number: 155693 AIM number: 200346570 Survey team: Diana Sidell RN, TC Census bed type: SNF: 46 SNF/NF: 24 Residential: 33 Total: 103 Census payor type: Medicare: 26 Medicaid: 16 Other: 61 Total: 103 Residential sample: 3 Silver Oaks Health Campus was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00103582. Quality review 3/23/12 by Suzanne Williams, RN	{R 000}		